

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF MINES, MINERALS AND ENERGY DIVISION OF MINERAL MINING

900 Natural Resources Drive, Ste. 400 Charlottesville, VA 22903 (434) 951-6310

## MINERAL MINING ANNUAL REPORT FOR CONTRACTORS

	REPORT I	_			
1.	CONTRACTOR NAME_	555	_		
2.	DMM CONTRACTOR IDENTIFICATION NO				_
	COMPANY NAME	DMM PERMIT NUMBER	NUMBER WORKERS	HOURS WORKED	TOTAL WAGES (For Sites w/wages over \$1,000)*
	TOTAL FOR	CONTRACTOR:			
	st be completed for sites wher additional sheets as necessary		eed \$1,000 but o	does not includ	le materials.
161.2	ORT REQUIRED BY LAW - 92:35.B requires this form to uary. Contractors that fail to	be filled out and retu	urned to this of	fice by the 15t	
to the	undersigned, hereby certify to be best of my knowledge and be actor employees occurring or	elief. I further certif	y that all occup	ational injurie	es involving
SIGNI PLE <i>A</i>	ED ASE PRINT YOUR NAME	TITLE	:	DATE	

DMM-146C REV. 02/06